

PUBLIC RECORDS REQUEST

Division of Consumer Services
 PO Box 41200
 Olympia, WA 98504-1200
 (360) 902-8795/FAX: (360) 704-6995

Consumer Services Date Stamp

PERSON REQUESTING

Name

Company

Mailing Address

City, State, ZIP

Telephone Number

FAX Number

NAME OF PUBLIC RECORD

Name of Company or Individual

Company Address

Date of Document

Please specify which record, or what information, you are requesting in the space provided.

To receive a current list of licensees check appropriate box(es):

- ☐ Mortgage Brokers ☐ Consumer Loan Companies
☐ Check Cashier/Seller ☐ Escrow Companies

NO CHARGE FOR LISTS**CONDITIONS FOR RELEASE OR REVIEW OF PUBLIC RECORDS**

I agree that any list of individuals provided to me will not be used for any commercial purpose by myself or any other person I represent. I will protect the information from access by anyone who may use it for a commercial purpose, which means using the information for profit-making activities.

If I wish to inspect or review record(s), I agree to the following conditions: I will not remove the records from the designated area. The quantity of records may be limited. I will not mark or alter the records in any way. I will not destroy or deface the records in any way including writing on, folding or folding anew if in folded form, tracing or fastening with clips or other fasteners except those that already exist in the file. I will not cut or mutilate records in any way. I will keep the records in the order received. And I will return the records to the department when no longer required by me and no later than the end of customary office hours on the day provided.

Signature of Person Requesting Public Document

Date

DO NOT SEND ANY MONEY UNTIL YOU ARE NOTIFIED OF THE COST

The minimum charge is \$.15 per page. If the total is less than \$1.50, the fee may be waived. Please pay by check made payable to the Washington State Treasurer. NSF checks will be subject to a \$15.00 fee.

Signature Authorizing Release of Records

Date

Date Person Contacted

Date Request Completed

Comments

Number of copies _____

Cost \$ _____

Tax \$ _____

TOTAL DUE \$ _____